STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036036	A. BUILDING: **01** B. WING _____	R **02/17/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OAKS ASSISTED LIVING	**916 S. MARIETTA STREET GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of Follow-up Survey by Frank Strickland on 02/17/2016: There are still outstanding deficiencies that require corrective action. A new Plan of Correction is required.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to meet the code requirement when first licensed for complete automatic fire detection. a- There is an enclosed storage room in the basement that is not protected with heat or smoke detection.	{C 101}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036036	A. BUILDING: **01** B. WING _____	R **02/17/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OAKS ASSISTED LIVING	**916 S. MARIETTA STREET GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	Continued From page 1	{C 164}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the buildings walls, ceilings, and floors in good repair and clean. Findings include: a- Throughout the building, the painted finish and plastic laminate on the doors is scratched. b- Throughout the building, the door trim paint is scratched and peeling. c- Throughout the building, the plastic laminate trim behind the corridor grab bars is loose. d- Throughout the building, there is a build-up of dirt and lint around the door frames on the floor. e- The return air grilles and radiation dampers are coated in dust/ dirt. f- The floor of the Old Med Room beside Room 402 is dirty and stained. g- The closet door in Room 303 is damaged. h- Although there is ample storage in the room, there is a large pile of clothing piled into the corner of Room 303.	{C 164}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036036	A. BUILDING: **01** B. WING _____	R **02/17/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OAKS ASSISTED LIVING	**916 S. MARIETTA STREET GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	Continued From page 2 i- The vanity in the 300 Hall Bathroom is damaged. k- There is a large hole in the wall under the microwave counter in the Microwave Room. l- In Room 104, there is wall damage where the drywall corner bead is exposed. m- The vanity in the bathroom of Room 104 is damaged and the vanity door is broken. n- The finish on the tub in the 100 Hall bathroom is in disrepair.	{C 164}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards. Findings include: a- In Room 409, the grab bar at the tub is loose. b- The concrete on the handicap ramp leading to the rear courtyard is cracked and broken. c- There is no handrail on either side of the handicap ramp leading to the rear courtyard.	{C 166}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036036	A. BUILDING: **01** B. WING _____	R **02/17/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OAKS ASSISTED LIVING	**916 S. MARIETTA STREET GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 166}	Continued From page 3 d- In Room 308, there is an unsupported oxygen bottle that could fall over, damaging the cylinder or nozzle. e- In the bathroom on the 300 Hall the window used for ventilation is not equipped with a screen. f- The handrail located outside the Nurse's Station is loose. g- There is a padlock on the closet door in Room 104. h- The marked EXIT door from the basement is equipped with a double keyed deadbolt lock.	{C 166}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 4- Based on observations, the facility has failed to maintain the building in a safe and operating manner. Findings include: a- There are several roof leaks, causing damaged or removed ceiling tile in the following locations to include but not limited to:	{C 189}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036036	A. BUILDING: **01** B. WING _____	R **02/17/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OAKS ASSISTED LIVING	**916 S. MARIETTA STREET GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 4 1- Staff Bathroom 2- Corridor at the Fire Door 3- Outside the Microwave Room 4- Conference Room 5- Office Bathroom	{C 189}		